

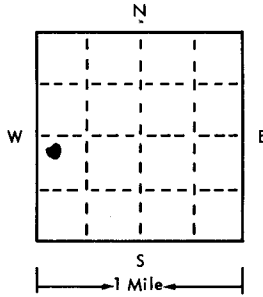
USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

*Schultz #1*

1 Location of well:	County <i>Lawrence</i>	Township name <i>NW4W5W</i>	Fraction <i>8</i>	Section number <i>23S</i>	Town number <i>16W</i>	Ronge number		
Distance and direction from nearest town or city: <i>1 West 1/2 north of Zook</i>			3 Owner of well: <i>Sterling Drilling Co</i>			Address: <i>Sterling Kansas</i>		
Locate with "X" in section below: 			Sketch map:			4 Well depth: <i>80</i> ft. Date of completion <i>8-7-75</i> Well diameter <i>8</i> in.		
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
			clay		0	20	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>self supply</i>	
			Fine sand		20	60	7 Casing: Material <i>PVC</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>3</i> in. to <i>80</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>2</i> in. to <i>80</i> ft. depth	
			Gray Sand Rock		60	80	8 Screen: Manufacturer <i>get stream</i> Type <i>PVC</i> Dia. <i>3</i> Slot/gauge <i>1/2</i> Length <i>10</i> Set between <i>20</i> ft. and <i>80</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/4</i>	
							9 Static water level: <i>25</i> ft. below land surface Date <i>8-7-75</i>	
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.			
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>0</i> ft. to <i>10</i> ft.			
					14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation			17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Myers Water Well 143</i> Business name <i>Great Bend</i> License No. ____ Address <i>Great Bend</i> Signed <i>Myers</i> Date <i>8-7-75</i> Authorized representative					

(use a second sheet if needed)

Topography:  
☐ Hill  
☒ Slope  
☐ Upland  
☐ Valley

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5